

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2009
NAME OF PROVIDER OR SUPPLIER TRI-CITY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4002 VISTA WAY, OCEANSIDE, CA 92056 SAN DIEGO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>The following represents the findings of the California Department of Public Health during Entity Reported Incident visit # CA00171976. Inspection of the facility was limited to the specific allegation(s) reported and does not represent the findings of a full inspection the facility. Representing the California Department of Public Health:</p> <p>Nursing Services Policies and Procedures 70213 (d) Policies and procedures that require consistency and continuity in patient care, incorporating the nursing process and the medical treatment plan, shall be developed and implemented in cooperation with the medical staff.</p> <p>On 12/08/08 the hospital nursing staff failed to implement Patient V care plan interventions to prevent falls as defined in the hospital's policy and procedure. Patient V fell from the bed sustaining a fracture of her right hip. She underwent surgery on 12/10/08 to repair the fracture and expired after surgery in the intensive care unit.</p> <p>A review of Patient V's closed medical records was done on 12/15/08. Patient V was a 91-year-old woman who was admitted to the hospital on 12/7/08 with diagnoses that included stroke, right sided paralysis of the arm and leg per the physician history and physical. The initial nursing admission assessment completed on 12/7/08 provided that Patient V was oriented only to her name, and had long/short term memory deficits. During the admission process the physician ordered that Patient V have "fall precautions" implemented by</p>		<p>1. Deficiencies Identified:</p> <p>a. Failure to implement interventions to prevent falls defined in hospital policies and procedures:</p> <p>i. Bed alarm not activated. ii. Posey vest restraint not secured to bed. iii. Placement of pads around bed.</p> <p>b. Medical Record Documentation</p> <p>i. Nursing note not entered in chronological order.</p> <p>2. Corrective actions taken immediately for patient:</p> <p>a. Patient assessed for injury and MD notified. b. Bed alarm activated and posey vest restraint secured to bed. c. Right hip x-ray completed per MD order. d. Rounding increased to every ½ hour replacing hourly rounding. e. Post fall analysis completed.</p>		

Event ID:UBM311

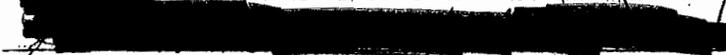
3/3/2009

8:14:19AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Risk Management

3-19-09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2009
NAME OF PROVIDER OR SUPPLIER TRI-CITY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4002 VISTA WAY, OCEANSIDE, CA 92056 SAN DIEGO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 1</p> <p>the nursing service.</p> <p>The hospital policy and procedure (P&P), FALL RISK PROCEDURE AND SCORE TOOL, provided that all patients were assessed for fall risk by the nursing staff and assigned a point value using the Morse Fall Risk Assessment. Three risk categories were involved; low, moderate, and high. The higher the point value the higher the risk for fall. Interventions were outlined in the P&P starting with low risk, and additional interventions were implemented with the moderate and high risk values.</p> <p>Fall risk evaluations/assessments were completed for Patient V and documented in the medical record on 12/7/08 at 5:45 p.m. and 11:26 p.m. The licensed nursing staff used the Morse Fall Risk Assessment and assigned a point value of 35 points to Patient V for both of the assessments which indicated a low risk for falls. The licensed nursing staff completed an additional Morse Fall Risk Assessment on 12/8/08 at 8:00 p.m., which had the point value of 70, thereby increasing Patient V's risk to the "high risk" for falls.</p> <p>After the licensed staff identified Patient V was at high risk for falls the care planning documentation provided that on 12/8/08 the prevention interventions consisted of "Initiate all high risk interventions". The interventions were outlined in the FALL RISK PROCEDURE AND SCORE TOOL. Applicable interventions consistent with the P&P high risk were to include bed alarms and pads around the bed. There was no evidence in the medical record to support that these interventions were in place at the time Patient V fell. During an interview with the hospital's Clinical Operations Coordinator on</p>		<p>3. Permanent corrective actions taken</p> <p>a. Staff involved counseled by the Acute Care Services Director and 4P Unit Manager regarding accountability for following Fall Risk Policy and Procedure. Completed: December 10 & 11, 2008.</p> <p>b. Event/occurrence and policy/procedure reviewed by Acute Care Services Director at 4P unit staff meeting, December 22, 2008.</p> <p>c. Unit fall prevention work group formed and unit practice changes identified with the following actions implemented December 24, 2008:</p> <ol style="list-style-type: none"> Rounding on the ½ hour replaced hourly rounds. Charting on the unit to be completed using the mobile computer stations outside of the patient rooms instead of at the nurses station. Charting room to be used only to process discharges. Patient assignment process standardized for priority: <ol style="list-style-type: none"> location acuity continuity <p>d. Fall awareness board posted by time clock to track days without falls. Completed, December 30, 2008.</p> <p>e. Portable personal bed/chair alarms piloted on unit. February 2009. Use ongoing as of March 19, 2009.</p> <p>f. Transporters and ancillary staff educated by Transport Team Manager regarding reactivating bed alarms and securing restraints when a patient is placed back in bed. Completed, December 24, 2008.</p> <p>g. Supply process of availability of posey restraints and size selections analyzed. Storage bins ordered for</p>	

Event ID:UBM311

3/3/2009

8:14:19AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2009
NAME OF PROVIDER OR SUPPLIER TRI-CITY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4002 VISTA WAY, OCEANSIDE, CA 92056 SAN DIEGO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 2</p> <p>1/20/09 at 12:10 p.m. stated that the policy and procedure element related to "placing pads around the bed" of the moderate/high risk fall risk patients was not applicable because the pads were are not available.</p> <p>Licensed staff documented in the 12/8/08 nursing notes that Patient V was extremely restless and had attempted to get out of bed on several occasions between the hours of 5:00 p.m. and midnight. The 5:00 p.m. nursing note described Patient V as "Patient impulsively trying to get out of bed. Bed alarm applied..." at 8:30 p.m. "Pt trying to climb out of bed. Placed in her wheelchair by lift team and brought to nurses station for safety and observation".</p> <p>The licensed nursing staff applied a Posey vest and wrist restraints to Patient V as documented in the nursing notes on 12/9/08 at 1:00 a.m. A Posey vest is a sleeveless vest that fits around the torso, chest area with long ties attached that can be tied to the patient's bed or chair which prevents an individual from rising.</p> <p>The medical record nursing notes were not in chronological order and an explanation was provided by the Clinical Operations Coordinator on 1/20/09 related to the dates and times of the entries.</p> <p>1. The following note was created December 09, 2008 at 8:38 p.m. to represent documentation that was to occur on December 09, 2008 at 12:01 a.m. "Patient has been sitting at the nurses station all night & requested to go back to bed. Placed in bed by the lift team & bed alarm turned on. At 0005 patient found on floor right hip bruised. Doctor ***** notified. Patient taken down for hip x-ray."</p>		<p>linen room storage and labeled with color-coordinated coding and weight scale for facilitation of proper sizing. Implemented, February 1, 2009</p> <p>h. Transport Team Manager and Unit Director re-educated 4P staff and transporters on hand off communication process pertaining to returning patients to room and reactivation of appropriate fall prevention measures. Completed, December 30, 2008.</p> <p>i. Staff involved reeducated by Unit Director and Manager on medical record documentation policy and procedure for making late entries in the medical record. Completed, December 10 & 11, 2008.</p> <p>j. Corrective action not taken for finding of pads not placed around bed. This intervention was noted by the investigator after review of Fall Risk Policy/Procedure. It has since been discovered that the policy reviewed was not the current policy. The current policy in effect dated February 2008 does not include the placement of pads which is not a typical intervention utilized in acute care environments. Staff would not have been expected to implement this intervention as the facility does not supply them.</p>	

Event ID:UBM311

3/3/2009

8:14:19AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2009
NAME OF PROVIDER OR SUPPLIER TRI-CITY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4002 VISTA WAY, OCEANSIDE, CA 92056 SAN DIEGO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 3</p> <p>2. The following note was created December 10, 2008 at 12:51 a.m. to represent documentation that was to occur on December 09, 2008 at 1:00 a.m.</p> <p>"Patient placed in a posey vest & hitting, scratching & yelling at the staff. Attempted to then put on wrist restraints & patient still hitting, scratching & screaming. Yelling that she is claustrophobic. Patient fell asleep for about 30 minutes and woke up screaming again. Removed patient from restraints and put her in a wheelchair at the nurses station. Patient satisfied."</p> <p>The above nursing notes documentation were not entered into the electronic medical record until 20 plus hours after the event had occurred. According to the nursing notes, the hospital lift team placed Patient V back to bed, and the bed alarm was turned on. Patient V's bed was equipped with a pressure alarm built into the bed, so that hospital personnel would be alerted if Patient V attempted to leave the bed.</p> <p>On 12/9/08 at 12:05 a.m. RN 1 documented that Patient V was found on the floor beside the bed. On 12/23/08 at 9:25 a.m., RN 1 was interviewed. She stated that she was acting as "charge nurse" on 12/8/08, and was supplementing care to Patient V. She stated that the bed alarm had not been activated when Patient V was returned to bed on 12/8/08, and that she had incorrectly documented that the alarm was activated when Patient V was placed back into bed by the lift team. She also stated that Patient V had the Posey vest on, but not attached to the bed.</p> <p>RN 2 was interviewed on 12/23/08 at 9:45 a.m. She stated that she had the primary care nurse assignment for Patient V and corroborated the</p>		<p>4. Monitoring Process:</p> <p>a. Continued monthly tracking of falls. Measure: Falls per 1000 patient days. Timeframe: Ongoing hospital-wide Responsibility: Risk Manager</p> <p>b. Review of all 4P Post Fall Analysis Forms. Timeframe: Ongoing Responsibility: Unit Shift Supervisor.</p> <p>c. Unit practice changes will be observed for compliance and non-compliance will be reflected in performance evaluations. Timeframe: Ongoing Responsibility: Unit Shift Supervisor.</p> <p>d. Analysis of 4P unit incidents of falls January - December 2008, was completed to identify trends and common factors. Timeframe: Reported by Risk Manager at 4P staff Meeting on December 22, 2008. Responsibility: Risk Manager.</p>		

Event ID:UBM311

3/3/2009

8:14:19AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

